AUTHORIZATION AND CONSENT
FOR RELEASE OR EXCHANGE OF INFORMATION
Hampton City Schools
1 Franklin Street, Hampton, VA 23669

(Must be completed in advance of each meeting/conference between Hampton City Schools personnel and a non-parent if the parent(s) or eligible student are not present.)

The Family Educational Rights and Privacy Act ("FERPA") affords parents/legal guardians and students who are 18 years of age or older (eligible student) certain rights with respect to the student's education records. Included is the right to provide written consent before the school disclosures personally identifiable information (PII) from the student's education records.

I am the parent/legal guardian or eligible student:
Student Name: _____
Date of Birth or Student ID #: _____

I hereby authorize Hampton City Schools to release information to:
Full Name of Non-Parent: _____
Address: _____
_____
Home Telephone: _____ Business Telephone: _____
Cellular Telephone: _____

INITIAL appropriate line(s) for release and/or exchange of information:

_____ Education records
_____ Attendance records
_____ Medical information
_____ Disciplinary information

For the following purposes:
_____
_____

This Authorization and Consent is valid for a specific meeting/conference only to be held on:
Date/Time: _____
Location: _____
I understand that I may revoke this Authorization and Consent prior to the date/time of the meeting/conference by submitting written notice of my revocation. By signing below, I acknowledge my consent for Hampton City Schools to release/discuss information about the identified student with an individual not otherwise eligible to receive such personally identifiable information.

Parent/Guardian:

_____	_____	_____
Print Name	Signature	Date

Eligible Student:

_____	_____	_____
Print Name	Signature	Date